




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

Eligibility Operations Memo 03-05
March 1, 2003

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Assistant Commissioner, Member Services 

RE: **Eligibility Review for MassHealth Members in HCR Categories Who Are or Will Soon Be Aged 65**

Introduction

MassHealth members aged 65 and older are required to meet certain income and asset rules that do not apply to MassHealth members who are under age 65 and not receiving long-term-care services. When a Health Care Reform (HCR) member reaches the age of 65, except those excluded below, the member becomes subject to the "Traditional" income and asset rules contained in 130 CMR 515.000 through 522.000 (Volume II).

This memo explains the new MA21 MassHealth Eligibility Review (MER) Transition Profiling System, and the transition process to the PACES eligibility system.

MA21 Selection Process

The system will identify MA21 members on categories 38, 42, 43, 44, 45, 53, 55, 60, 61, 70, 71, 82, 83, 84, 86, 87, 96, and 97 whose age is equal to or greater than 64 years and 11 months. Only one-person MA21 households whose member is aged 64 years and 11 months or greater will be selected. The following MA21 members will be excluded from the selection process.

- Caretaker-relatives or parents of minor children under age 19 who are active members in family groups with those children.
- Working disabled Commonwealth members.
- Members who are already active in another MA21 profile.
- Households in which there are both members aged 65 and older and members under age 65. These households are selected in the regular MA21 annual review process. Transitioning members aged 65 and older out of these households will be discussed in a future eligibility operations memo.

NOTE: Members aged 65 and older described in the first and second dot points above should remain on MA21.

**Transition Review
Packet**

Each selected member will receive a review packet. Included in the Transition review packet are the following items.

- A systems-generated notice, MER-CL-TRANS, with instructions for completing the MassHealth Eligibility Review (MER) form on the back. The notice tells the member to send back the MER Transition form along with needed verifications within 30 days of the date on the notice. A copy of this notice is attached to this memo. NOTE: This notice will also be translated into Spanish.
 - A MER form, which has "TRANSITION" printed in the upper right-hand corner of the first page.
 - A UNIV-5, multilingual notice.
 - A Personal-Care Attendant Supplement (PCA-SUPP).
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**The New MA21
Transition Profiling
System**

Once the MA21 member has been selected for a MER transition review, the member will be sent a transition packet with instructions to return the MER Transition form and verifications within 30 days.

The new transition review process will work the same as the current MA21 Profiling System for HCR reviews, except that the new profile name will be "MER Trans" on MA21. Chapter 8 of the current MA21 User's Guide, issued June 15, 2002, describes in detail the HCR Profiling System and how it works. The "MER Trans" Profile for transitioning members who are aged 65 or are turning age 65 soon is now being added to the MA21 Profiling System. The following activities already in place for the HCR population apply to the transition review process as well. These activities are described briefly below.

- **Recording the receipt of an unsigned MER Transition form**
 - a. Enter the member's SSN on the MA21 Inquiry screen.
 - b. Select the Profile Unsigned option.
 - c. When the Returned Unsigned Profile screen appears, the Unsigned ERV Returned to Member on date field is filled with the current date. When a MER Transition form is recorded as unsigned, MA21 automatically resets the profile cycle from the date the unsigned MER Transition form is returned. This means, the 30-day clock starts again.
 - d. Mail the unsigned MER Transition form to the member with a MER-1 notice. Attached to this memo are four MEC-specific MER-1 notices that have been formatted so that they can be folded and inserted into a #10 window envelope. Please make copies of your MEC-specific notice as needed. At a later date, these notices will be accessible as on-line, fillable notices.
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**The New MA21
Transition Profiling
System
(cont.)**

- **Recording the receipt of an undeliverable MER Transition form**
 - a. When the MER Transition review form is returned to the MEC as undeliverable, the undeliverable status must be recorded on MA21.
 - b. When the MER Transition form is returned to the MEC as undeliverable and a forwarding address is provided, update the member's address to have MA21 resend a MER Transition form to the new address. The profile status will be automatically updated and the profile 30-day cycle will begin again. The MA21 mailing address is used as the household noticing address.
 - c. When a MER Transition form is returned as undeliverable with no forwarding address, close the household for AR50 (Whereabouts unknown).
- **Coding MA21 when the MER Transition form is received within the 30-day time period**
 - a. In MA21 under "User Options" screen, select the "New MHBR/ERV for Current Household" screen.
 - b. When the Receive Application screen appears, tab to the Received date field. Enter the date stamped on the MER Transition form as the received date.
 - c. Tab to the "Assign To" field and enter the worker's DMA ID. When the received date is entered, the 30-day automatic closing process stops.
 - d. Process the MER Transition form using Volume II rules.
- **MER Transition form is not received within the 30-day time period**

MA21 will automatically close on the 35th day all MER Transition households for AR41 (Failure to return form), and send out an MA21 notice. No worker action is required.

**Processing the
MER Transition
Form on PACES**

- **Before processing the MER Transition form on PACES, remember to make an inquiry to determine if the member is already active on categories 1, 3, 5, or 7.**
- **Verification of current assets and non social security income is required. For all other verifications, such as citizenship, immigration, health insurance, and residence, use MA21 data unless the member submits verification that a change has occurred.**

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**Processing the
MER Transition
Form on PACES
(cont.)**

- **Eligibility process when the MER Transition form and all required verifications are returned within the 30-day period**
 - a. Access the MA21 QAC screen under the option “MA21 Query Menu” to identify immigration status.
NOTE: For the MA21 QAC codes, see the MA21 User’s Guide, Section 6.5, pages 6-88.
 - b. Determine the appropriate PACES AR to be used (listed below).

AR09	Aliens with Special Status
AR08	PRUCOL
AR04	Undocumented
AR02	All Others

- c. If the member was a former SSI recipient and is in receipt of RSDI benefits, determine Pickle/Disabled Adult Child status.
 - d. Use SVES for verification of RSDI/Medicare benefits and SSN verification, when possible.
 - e. Establish the case on PACES. Use the first day of the month the signed MER Transition form is received as the medical start date, if all Traditional eligibility factors are met. The appropriate notice will be generated.
 - f. Close the MA21 case for AR33. Hold the notice.
 - g. Annotate the MA21 NTH screen indicating that the MER Transition form was processed.
- **When the completed MER Transition form is submitted but not all required verifications are returned within 30 days**
 - a. Send a MassHealth Information Request (MIR) and give 15 days to return.
 - b. If all verifications are submitted, follow the steps for a completed MER Transition form/verifications returned described above.
 - c. If verifications are not returned within 15 days, close the member on MA21 for AR 40 (Failure to return verifications).
 - d. Annotate the MA21 NTH screen of action taken and list missing verifications.
- **When the MA21 case is in closed status for AR41 and the MER Transition form is submitted to the MEC within 30 days of the MA21 close date**
 - a. Send MIR if verifications are still needed. Give 15 days to submit verifications.

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**Processing the
MER Transition
Form on PACES
(cont.)**

- b. If verifications are submitted, process on PACES as described above.
- c. Use the MA21 close date as PACES medical start date.
- **When the MA21 case is closed for AR40 and all required verifications are submitted within 30 days of the MA21 close date**
 - a. Process on PACES as above.
 - b. Use the MA21 close date as PACES medical start date.
- **When the MER Transition form/verifications are submitted after the 30-day MA21 close date**
 - a. Send MIR for any missing required verifications. Give 15 days to submit verifications. If verifications are not submitted within 15 days, send an NFL-5A denying for lack of verifications (list specific verifications).
 - b. If all verifications are submitted:
 - * input data on PACES;
 - * use the “receipt date of MER” as the PACES medical start date; and
 - * enter a category 5 with income and assets. PACES will generate the appropriate approval or financial denial letter.

NOTE: Under Volume II rules, the three-month retroactive eligibility period can be used if all Traditional eligibility factors are met.

Obsolete

This memo obsoletes Eligibility Operations Memo 00-1 dated January 1, 2000, and the Excel and PC-based process that was originally issued for the Basic coverage type.

Questions

If you have any questions about this memo, please have your MassHealth Enrollment Center designee contact the Policy Hotline.

<MEC Street Address>
<MEC City, State, Zip>

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance

<Date: _____>

<SSN: _____>

<MEC: _____ PrfID: _____>

<NUM: _____ Type: TRANSITION

PMER-TRANS
<HOH name>
<Street address>
<City, state, zip>

RE: NAME

SSN:

IMPORTANT

A Notice about Your MassHealth Eligibility Review

Enclosed is a MassHealth Eligibility Review form (TRANSITION) that you **must fill out, sign, and send back to us right away with all needed information.** You need to fill out this form so we can decide if you can still get MassHealth. Our records show that you are or will soon be 65 years old. If you are getting MassHealth coverage through a MassHealth managed-care plan, managed-care enrollment coverage will stop when you reach age 65.

Persons aged 65 or older must meet certain income and asset requirements to get MassHealth. These requirements are different from the requirements for persons who are under the age of 65.

If you do not fill out this form and send it to the address below by: <(insert date – 30 days from the date of this notice)>, your MassHealth benefits may stop and you will not be able to use your MassHealth card.

**MassHealth Enrollment Center
Street address
City, state, zip**

On the other side of this notice are instructions that tell you how to fill out the review form. Please read these instructions before you fill out the review form. Send back the filled-out review form right away even if you do not have all the needed information.

The information you give us will be kept confidential.

If you have any questions, need help filling out the form or getting the information you need, or want a voter registration form, call the MassHealth Enrollment Center at the telephone number below.

Toll-free number 1-800-<_____>

TTY phone number 1-800-<_____> (for the deaf and hard of hearing)

**Instructions for MassHealth Eligibility Review Form (TRANSITION)
for Seniors and Certain People Needing Long-Term-Care Services**

Please read these instructions before you fill out the MassHealth Eligibility Review form (TRANSITION). If you need more space, use a separate sheet of paper, and attach it to the review form.

This MassHealth Eligibility Review form (TRANSITION) is used for reviews, and for any MassHealth member who:

- turns age 65; or
- needs long-term-care services.*

If you are disabled and working 40 or more hours a month, or you are aged 65 or older and a parent or caretaker relative of children under age 19, this review form may not be for you. Call the MassHealth Enrollment Center listed on the other side of this notice.

Important

- Report any changes, and answer all questions, and fill out all sections on the MassHealth Eligibility Review form (TRANSITION) **(green form)**.
- Send current proof of your assets and income before deductions. (You do not have to send proof of social security income.)
- Send a copy of both sides of all immigration cards (or other documents that show immigration status) if you are not a U.S. citizen.
- Send a copy of both sides of **all** health-insurance cards, and copies of your current premium bills. (You do not have to send copies of your Medicare and MassHealth cards.)
- Sign and date the form after you have filled it out.
- Fill out the enclosed Personal-Care Attendant (PCA) Supplement **(gold form)** if you answered **yes** to the last three PCA questions on page 2 of the MassHealth Eligibility Review form.
- Call your MassHealth Enrollment Center at the telephone number listed on the other side of this notice if:
 - you are not able to get the necessary information
 - you need a “MassHealth and You” guide, or other MassHealth form
 - you have questions or need help filling out the form or getting the proofs you need
 - you want a voter registration form.

*If a Long-Term-Care Supplement **(blue form)** is enclosed, you must also fill it out and send it with the filled-out MassHealth Eligibility Review form (TRANSITION) to the MassHealth Enrollment Center listed on the other side of this notice.

Your MassHealth worker will send you a letter if more information is needed. It is important to send back the filled-out review form right away even if you do not have all the needed information.

The information you give us will be kept confidential, as required by state and federal law.



Commonwealth of Massachusetts
Division of Medical Assistance
www.mass.gov/dma

MassHealth Enrollment Center

300 Ocean Avenue, Suite 4000
Revere, MA 02151

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Member name

Member SSN

We are sending back your MassHealth Eligibility Review for Seniors and Certain People Needing Long-Term-Care Services because we need your signature or the signature of someone acting on your behalf on page 6 of the form.

Please send back the signed review form to the following address.

MassHealth Enrollment Center
300 Ocean Avenue, Suite 4000
Revere, MA 02151

If you need help filling out the form, or have any questions about this form, please call the MassHealth Enrollment Center at **1-800-322-1448** (TTY: 1-877-668-4499 for the deaf and hard of hearing).

Thank you.



Commonwealth of Massachusetts
Division of Medical Assistance
www.mass.gov/dma

MassHealth Enrollment Center

333 Bridge Street
Springfield, MA 01103

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Member name

Member SSN

We are sending back your MassHealth Eligibility Review for Seniors and Certain People Needing Long-Term-Care Services because we need your signature or the signature of someone acting on your behalf on page 6 of the form.

Please send back the signed review form to the following address.

MassHealth Enrollment Center
333 Bridge Street
Springfield, MA 01103

If you need help filling out the form, or have any questions about this form, please call the MassHealth Enrollment Center at **1-800-332-5545** (TTY: 1-800-596-1276 for the deaf and hard of hearing).

Thank you.



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MassHealth Enrollment Center

21 Spring Street, Suite 4
Taunton, MA 02780

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Member name

Member SSN

We are sending back your MassHealth Eligibility Review for Seniors and Certain People Needing Long-Term-Care Services because we need your signature or the signature of someone acting on your behalf on page 6 of the form.

Please send back the signed review form to the following address.

MassHealth Enrollment Center
21 Spring Street, Suite 4
Taunton, MA 02780

If you need help filling out the form, or have any questions about this form, please call the MassHealth Enrollment Center at **1-800-242-1340** (TTY: 1-800-596-1272 for the deaf and hard of hearing).

Thank you.



Commonwealth of Massachusetts
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www.mass.gov/dma

MassHealth Enrollment Center

367 East Street
Tewksbury, MA 01876

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Member name

Member SSN

We are sending back your MassHealth Eligibility Review for Seniors and Certain People Needing Long-Term-Care Services because we need your signature or the signature of someone acting on your behalf on page 6 of the form.

Please send back the signed review form to the following address.

MassHealth Enrollment Center
367 East Street
Tewksbury, MA 01876

If you need help filling out the form, or have any questions about this form, please call the MassHealth Enrollment Center at **1-800-408-1253** (TTY: 1-800-231-5698 for the deaf and hard of hearing).

Thank you.